

State of Rhode Island

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

R.I. DEPT. OF STATE BUS SVCS DIV

1, Entity ID Number:	2. The name of corporation:		
000078267	Pawtucket Credit Union		
3. The fictitious business r	name to be used is:		
Coastal1			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
Rhode Island		4-25-1928	
Under penalty of perjury, I information contained here	declare and affirm that I have ain is true and correct	examined this Fictitious Busine	ess Name Stalement and that the
Name of Applicant Non-Pr	ofit Corporation		
Timothy Jermain			
Title of Authorized Person		<u> </u>	Date
Chief Operating Officer			5/14/21
Signature of Authorized Pe	erson		
Tim Vere	221-1)		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 14 2021 L GOVGX 3.39 RI SOS Filing Number: 202196616160 Date: 5/14/2021 2:39:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 14, 2021 02:39 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

